

Printable Discrimination Form

Title VI and Related Statutes

Name Phone Name of Person(s) That Discriminated Against You

Address (State No. P.O. Box, Etc.) Location and Position of Person (If Known)

City, State, Zip City, State, Zip

Discrimination Because of:

Race/Color Sex Disability

Retaliation Age Religion

National Origin Familial Status

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.

Signature

Date

Mail to: INDOT – Title VI Coordinator
N904 I.G.C.N.
Indianapolis, IN. 46204